

**FEC  
FORM 3**

**REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For An Authorized Committee

RECEIVED

2014 JUN 30 AM 8:09  
Office Use Only

FEC MAIL CENTER  
12FE4MS

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

JAMES E BRYAN FOR CONGRESS

ADDRESS (number and street)

8321 STOKES RD

Check if different  
than previously  
reported. (ACC)

LAUREL HILL

FL

32567-2004

2. FEC IDENTIFICATION NUMBER ▼

C00555201

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS  
REPORT

X

NEW  
(N)

OR

AMENDED  
(A)

FL

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

X

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on M M / D D / Y Y Y Y

in the  
State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on M M / D D / Y Y Y Y

in the  
State of

5. Covering Period

11 ' 13 ' 2013

through

03 ' 31 ' 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JAMES E. BRYAN

Signature of Treasurer

James E. Bryan

Date

06 ' 26 ' 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office  
Use  
Only

**FEC FORM 3**  
(Revised 02/2003)



# SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name

James E. Bryan for Congress

Report Covering the Period:

From:

11 ' 13 ' 20 ' 13

To:

03 ' 31 ' 20 ' 14

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3,185.00	3,185.00
(b) Total Contribution Refunds (from Line 20(d)) .....		
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	3,185.00	3,185.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	392.91	392.91
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	392.91	392.91
8. Cash on Hand at Close of Reporting Period (from Line 27) .....	7,531.64	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100



# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

James E. Bryan for Congress

Report Covering the Period:

From:

<sup>M</sup> <sup>M</sup> ' <sup>D</sup> <sup>D</sup> ' <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>  
11 ' 13 ' 2013

To:

<sup>M</sup> <sup>M</sup> ' <sup>D</sup> <sup>D</sup> ' <sup>Y</sup> <sup>Y</sup> <sup>Y</sup>  
03 ' 31 ' 2014

## **I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

### **11. CONTRIBUTIONS (other than loans) FROM:**

#### (a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A) .....

, 2,210.00

, 2,210.00

(ii) Unitemized .....

, 1,775.00

, 1,775.00

(iii) TOTAL of contributions  
from individuals ▶

, 3,985.00

, 3,985.00

(b) Political Party Committees .....

, ,

, ,

(c) Other Political Committees  
(such as PACs) .....

, 200.00

, 200.00

(d) The Candidate .....

, ,

, ,

(e) TOTAL CONTRIBUTIONS  
(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

, 4,185.00

, 4,185.00

### **12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

, ,

, ,

### **13. LOANS:**

(a) Made or Guaranteed by the  
Candidate .....

, 3,775.00

, 3,775.00

(b) All Other Loans .....

, ,

, ,

(c) TOTAL LOANS  
(add Lines 13(a) and (b)) .....

, 3,775.00

, 3,775.00

### **14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

, ,

, ,

### **15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

, ,

, ,

### **16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4) .....**

, 7,960.00

, 7,960.00

14031251363



# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

## **II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	, 392.91	, , .
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	, , .	, , .
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	, , .	, , .
(b) Of All Other Loans .....	, , .	, , .
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	, , .	, , .
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	, , .	, , .
(b) Political Party Committees.....	, , .	, , .
(c) Other Political Committees (such as PACs) .....	, , .	, , .
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	, , .	, , .
21. OTHER DISBURSEMENTS .....	, 35.48	, , .
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	, 428.39	, , .

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	, , .00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	, 7,960.00
25. SUBTOTAL (add Line 23 and Line 24).....	, 7,960.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	, 428.39
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	, 7,531.61



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 3

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

James E. Bryan for Congress

Full Name (Last, First, Middle Initial)

A. Patricia A. Rowe

Mailing Address

481 Andrew Dr.

City

Valparaiso

State

FL

Zip Code

32580

FEC ID number of contributing  
federal political committee.

C00555201

Name of Employer

n/a

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

20000

Date of Receipt

12/13/2013

Amount of Each Receipt this Period

20000

Full Name (Last, First, Middle Initial)

B. Harold F. Peek

Mailing Address

P.O. Box 36

City

Valparaiso

State

FL

Zip Code

32580

FEC ID number of contributing  
federal political committee.

C00555201

Name of Employer

Self employed

Occupation

Lawyer

Receipt For:

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

25000

Date of Receipt

03/04/2014

Amount of Each Receipt this Period

25000

Full Name (Last, First, Middle Initial)

C. Harold F. Peek

Mailing Address

P.O. Box 36

City

Valparaiso

State

FL

Zip Code

32580

FEC ID number of contributing  
federal political committee.

C00555201

Name of Employer

Self employed

Occupation

lawyer

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

50000

Date of Receipt

03/11/2014

Amount of Each Receipt this Period

25000

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

70000



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 3

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

James E. Bryan for Congress

Full Name (Last, First, Middle Initial)

A. Patricia A. Rowe

Mailing Address

481 Andrew Dr

City

Valparaiso

State

FL

Zip Code

32580

FEC ID number of contributing  
federal political committee.

C00555201

Name of Employer

n/a

Occupation

retired

Receipt For:

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

, 260.00

Date of Receipt

03' 10' 20' 14

Amount of Each Receipt this Period

, 60.00

Full Name (Last, First, Middle Initial)

B. Duskey G. Mallory

Mailing Address

1000 Bay Dr Unit 506

City

Niceville

State

FL

Zip Code

32578

FEC ID number of contributing  
federal political committee.

C00555201

Name of Employer

n/a

Occupation

Retired

Receipt For:

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

, 200.00

Date of Receipt

11' 13' 20' 13

Amount of Each Receipt this Period

, 200.00

Full Name (Last, First, Middle Initial)

C. Michael J. Barnes

Mailing Address

P.O. Box 415

City

Ft. Walton Beach

State

FL

Zip Code

32549-0415

FEC ID number of contributing  
federal political committee.

C00555201

Name of Employer

Self employed

Occupation

Mediator

Receipt For:

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

, 250.00

Date of Receipt

01' 15' 20' 14

Amount of Each Receipt this Period

, 250.00

SUBTOTAL of Receipts This Page (optional).....

, 510.00

TOTAL This Period (last page this line number only).....

, 510.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3 OF 3

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

James E. Bryan for Congress

A.

Name (Last, First, Middle Initial)

Betsy Waggoner

Mailing Address

18730 Mobile Rd

City

Georgianna

State

FL

Zip Code

36033

FEC ID number of contributing  
federal political committee.

C00555201

Name of Employer

retired

Occupation

retired

Receipt For:

☐ Primary  
☐ Other (specify)

☒ General

Election Cycle-to-Date

1,000.00

Date of Receipt

02/15/2014

Amount of Each Receipt this Period

1,000.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary  
☐ Other (specify)

☐ General

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

1,000.00

2,210.00



**SCHEDULE A (FEC Form 3)**  
**ITEMIZED RECEIPTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 1

☐ 11a ☐ 11b ☒ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)

James E. Bryan for Congress

Full Name (Last, First, Middle Initial)

A. Okaloosa Democrats Club

Mailing Address

Po Box 144

City

Shalimar

State

FL

Zip Code

32579

FEC ID number of contributing  
federal political committee.

C00555201

Name of Employer

non-profit

Occupation

n/a

Receipt For:

☐ Primary

☒ General

☐ Other (specify)

Election Cycle-to-Date

200000

Date of Receipt

12/15/2013

Amount of Each Receipt this Period

200.00

permissible  
funds

Full Name (Last, First, Middle Initial)

B. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C. Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary

☐ General

☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M / D D / Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

200.00

200.00



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 1 OF 3

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

James E. Bryan for Congress

A. Full Name (Last, First, Middle Initial) James E. Bryan		Date of Disbursement 03/24/2014
Mailing Address 8321 Stokes Rd		Amount of Each Disbursement this Period 50.00
City Laurel Hill	State FL	
Zip Code 32567-2004		
Purpose of Disbursement gas		
Candidate Name James E. Bryan		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: #1		

B. Full Name (Last, First, Middle Initial) James E. Bryan		Date of Disbursement 03/29/2014
Mailing Address 8321 Stokes Rd		Amount of Each Disbursement this Period 100.00
City Laurel Hill	State FL	
Zip Code 32567-2004		
Purpose of Disbursement business cards		
Candidate Name James E. Bryan		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: #1		

C. Full Name (Last, First, Middle Initial) James E. Bryan		Date of Disbursement 03/24/2014
Mailing Address 8321 Stokes Rd		Amount of Each Disbursement this Period 100.00
City Laurel Hill	State FL	
Zip Code 32567-2004		
Purpose of Disbursement business cards		
Candidate Name James E. Bryan		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: #1		

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

250.00



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 2 OF 3

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

James E. Bryan for Congress

Full Name (Last, First, Middle Initial)

A. James E. Bryan

Date of Disbursement

03 ' 24 ' 2014

Mailing Address

8321 Stokes Rd.

City

Laurel Hill

State

FL

Zip Code

32567-2004

Amount of Each Disbursement this Period

65.37

Purpose of Disbursement

gas

Candidate Name

James E. Bryan

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State: FL

District: #1

Full Name (Last, First, Middle Initial)

B. James E. Bryan

Date of Disbursement

03 ' 24 ' 2014

Mailing Address

8321 Stokes Rd.

City

Laurel Hill

State

FL

Zip Code

32567-2004

Amount of Each Disbursement this Period

50.81

Purpose of Disbursement

gas

Candidate Name

James E. Bryan

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State: FL

District: #1

Full Name (Last, First, Middle Initial)

C. James E. Bryan

Date of Disbursement

02 ' 27 ' 2014

Mailing Address

8321 Stokes Rd

City

Laurel Hill

State

FL

Zip Code

32567-2004

Amount of Each Disbursement this Period

27.53

Purpose of Disbursement

gas

Candidate Name

James E. Bryan

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State: FL

District: #1

SUBTOTAL of Disbursements This Page (optional)

142.91

TOTAL This Period (last page this line number only)



**SCHEDULE B (FEC Form 3)**  
**ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 3 OF 3

☒ 17 ☐ 18 ☐ 19a ☐ 19b  
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

James E. Bryan for Congress

Full Name (Last, First, Middle Initial)

Date of Disbursement

A. James E. Bryan

03'24'2014

Mailing Address

8321 Stokes Rd

City

Laurel Hill

State

FL

Zip Code

32567-2004

Amount of Each Disbursement this Period

348

Purpose of Disbursement

Misc

Candidate Name

James E. Bryan

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State: FL

District: #1

Full Name (Last, First, Middle Initial)

Date of Disbursement

B. James E. Bryan

03'26'2014

Mailing Address

8321 Stokes Rd

City

Laurel Hill

State

FL

Zip Code

32567-2004

Amount of Each Disbursement this Period

3200

Purpose of Disbursement

Misc.

Candidate Name

James E. Bryan

Category/  
Type

Office Sought:

☒ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☒ General

☐ Other (specify)

State: FL

District: #1

Full Name (Last, First, Middle Initial)

Date of Disbursement

C.

M M / D D / Y Y Y Y

Mailing Address

City

State

Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House

☐ Senate

☐ President

Disbursement For:

☐ Primary

☐ General

☐ Other (specify)

State:

District:

SUBTOTAL of Disbursements This Page (optional).....

3548

TOTAL This Period (last page this line number only).....

42839



**SCHEDULE C (FEC Form 3)**  
**LOANS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

PAGE / OF /  
FOR LINE NUMBER:  
(check only one) ☒ 13a  
13b

NAME OF COMMITTEE (In Full)

James E. Bryan for Congress

LOAN SOURCE Full Name (Last, First, Middle Initial)

James E. Bryan

Mailing Address

8321 Stokes Rd

Election:

☐ Primary

☒ General

☐ Other (specify) ▼

City

Laurel Hill

State

FL

ZIP Code

32567-2004

Original Amount of Loan

3,775.00

Cumulative Payment To Date

00

Balance Outstanding at Close of This Period

3,775.00

TERMS

Date Incurred

03 ' 01 ' 2014

Date Due

12 ' 01 ' 2014

Interest Rate

00 % (apr)

Secured:

☐ Yes

☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount  
Guaranteed  
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

TOTALS This Period (last page in this line only)..... ▶

3,775.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



PRESS FIRMLY TO SEAL

CUSTOMER USE ONLY

FROM: (PLEASE PRINT)  
Adrian H. Rowe  
461 Hawthorn Dr.  
Valparaiso, FL 32520

PHONE: (850) 678-0871

PAYMENT BY ACCOUNT (if applicable)

DELIVERY OPTIONS (Customer Use Only)

☒ SIGNATURE REQUIRED (The mailer must check the "Signature Required" box if the mailer:  
1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4)  
Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's  
possession and not attempt to obtain the addressee's signature on delivery.

☐ No Saturday Delivery (delivered next business day)  
☐ Sunday/Holiday Delivery Required (additional fee, where available)  
☐ 10:30 AM Delivery Required (additional fee, where available)  
\*Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)

Federal Election Commission  
1199 E. Street NW  
Washington, DC 20463

PHONE: ( )

ZIP + 4® (U.S. ADDRESSES ONLY)

20463

■ For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.  
■ \$100.00 Insurance Included.

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32520	6/28/14	6/26/14	6/28/14
10:30 AM	10:30 AM	10:30 AM	10:30 AM
12 NOON	12 NOON	12 NOON	12 NOON
10:30 AM Delivery Fee	10:30 AM Delivery Fee	10:30 AM Delivery Fee	10:30 AM Delivery Fee
\$	\$	\$	\$
Sunday/Holiday Premium Fee	Sunday/Holiday Premium Fee	Sunday/Holiday Premium Fee	Sunday/Holiday Premium Fee
\$	\$	\$	\$
Weight	Weight	Weight	Weight
3.5 lbs	3.5 lbs	3.5 lbs	3.5 lbs
Flat Rate	Flat Rate	Flat Rate	Flat Rate
\$	\$	\$	\$
Acceptance Employee Initials	Acceptance Employee Initials	Acceptance Employee Initials	Acceptance Employee Initials
Employee Signature	Employee Signature	Employee Signature	Employee Signature
Delivery Attempt (MM/DD/YY)	Delivery Attempt (MM/DD/YY)	Delivery Attempt (MM/DD/YY)	Delivery Attempt (MM/DD/YY)
Time	Time	Time	Time
AM	AM	AM	AM
PM	PM	PM	PM
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